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## \*BIBDATASHEET\*

CONFIRMATION NO. 7242

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/939,863	<b>FILING OR 371(c) DATE</b> 08/27/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> PRAXIS-3
<b>APPLICANTS</b> Michael Milbocker, Holliston, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/692,963 10/20/2000 PAT 6,296,607 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 09/11/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 27
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> PROMETHEAN SURGICAL DYNAMICS LLC 3 GILL ST. #FIG WOBURN, MA 01801				
<b>TITLE</b> SURGICAL REPAIR OF TISSUE DEFECTS				
<b>FILING FEE RECEIVED</b> 922	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	